

CENTRAL INTELLIGENCE AGENCY

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This is UNEVALUATED Information

SOURCE EVALUATIONS ARE DEFINITIVE APPRAISAL OF CONTENT IS TENTATIVE

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1. The shortage of doctors in Poland is illustrated by the fact that in 1954 there were 11,000 doctors, or one doctor per 2,500 persons, whereas in 1938 there were 13,000 doctors in the country. Between 1952 and 1954, 2,000 medical students were graduated but only 200 went to work in the villages. The shortage of doctors in rural areas is partially explained by the more favorable conditions prevalent in towns under the national health insurance plan, together with transfers of doctors to the western territories.
 2. In the past the rural medical installations have been largely confined to towns. The few medical aid stations which have been established in villages concentrated principally on obstetrical care which does not necessitate large investments for technical equipment. One-room maternity clinics were installed in thousands of villages and nurses were given two-month or three-month courses in obstetrical care. In the past three years there has been an increased effort to direct male nurses (felczer) to villages. There are, nevertheless, an insufficient number of medical aid stations, and many of those in existence, notably those at Szczecin (Stettin) and Koszalin (Koeslin), are improperly used.
 3. The type of service offered, although it varies from village to village, generally suffers from a lack of professional and administrative coordination. Some centers, which are staffed by one doctor, a health inspector, and one or more nurses, serve as many as 12,000 persons.
 5. In the course of numerous conferences held at the Ministry of Health during recent months to deal with the problem, it was proposed to set up the medical centers so that each one would serve a maximum of 8,000 persons. The staff of such a center should be composed of a doctor, dentist, general nurse, children's nurse, a midwife and a male nurse. It was agreed that the doctors would be responsible for all medical workers, medical aid stations and maternity clinics in the district, and that the male nurse could attend to health and hygiene problems. It was further proposed that where possible, a pediatrician, or other specialists where appropriate, should visit the center for consultation on preventive medicine and practical treatment. Under this plan the efficiency and quality of the medical aid would be improved.

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5. The execution of the plan entails the consideration of a number of factors, including the density of the population, transport facilities, the social structure of the village and the shortage of medical practitioners. It would necessitate the transfer of 1,000 doctors to rural areas in the next five years. An increase in salary was proposed as an inducement for village doctors both as compensation for less desirable and additional work as well as for post-graduate study upon completion of their village service. The Minister promised that the Institute of Improvement and Specialization (Instytut Doskonalenia i Specjalizacji) would give special consideration to village doctors in the awards of scholarships.

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